Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4786HHA	A. BUILDING _____ B. WING _____	05/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ANGEL HOME CARE, INC	4970 SOUTH ARVILLE, SUITE 108B ARDEN, NV 89118

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a State Licensure Focused Survey conducted in your facility on 5/11/11 and finalized on 5/12/11, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was 35. Five clinical records were reviewed. Six employee files were reviewed. The following regulatory deficiencies were identified.	H 00		
H152	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: Based on interview, employee file review and policy review, the facility failed to maintain an employee file for the Administrator Designee. The Administrator reported that the Administrator Designee's Personnel File was physically with the	H152		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H152	Continued From page 1 employee in another state to make a copy for another agency he had owned there. She reported that the agency had no other copy of the file for review. Severity: 1 Scope: 3	H152		